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REQUEST FOR REFUND

RECORD NO:
FILE NO : 7.1.1

Refunds will only be considered upon receipt of this completed form

Please provide the following details so payment can be made. If you do not wish to use the direct credit facility, leave the bank details section blank and payment will be issued via cheque.

1. DETAILS OF APPLICANT

NAME OF APPLICANT _____

Name Payment to be made to

POSTAL ADDRESS _____

ABN _____

PHONE _____

2. DETAILS OF REFUND

BOOKING NUMBER _____

RECEIPT NUMBER _____

BOND Venue _____ Date Hired _____

OTHER Details _____ *Please attach letter detailing reason for refund*

AMOUNT TO BE REFUNDED _____

BANK _____

BSB _____

ACC NUMBER _____

NAME ACCOUNT HELD IN _____

Email address for payment notification _____

Reference you wish to appear on your bank statement for direct credit payments

(ie, CCC, Council Payment, etc) _____

SIGNATURE _____

DATE _____

OFFICE USE ONLY

COPY OF RECEIPT

SUPPORTING DOCUMENTS

AMOUNT _____

AUTHORISING OFFICER _____

DATE _____

lifestyle location of choice